

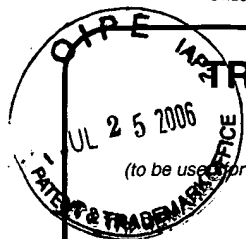
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PTO/SB/21 (04-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/722,627
		Filing Date	November 26, 2003
		First Named Inventor	Aaron Smith
		Art Unit	3733
		Examiner Name	James . Swiger III
Total Number of Pages in This Submission		Attorney Docket Number	5490-000354

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Election/Restriction Requirement; and return postcard.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Richard W. Warner
		Reg. No.	38,043
Signature	<i>Richard W. Warner</i>		
Date	Jul 25, 2006		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/722,627
Filing Date: November 26, 2003
Applicant: Aaron Smith
Group Art Unit: 3733
Examiner: James L. Swiger III
Title: MINIMALLY INVASIVE CUP IMPACTOR
Attorney Docket: 5490-000354

Director of the United States Patent
and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO ELECTION/RESTRICTION REQUIREMENT

Sir:

In response to the Restriction Requirement dated July 13, 2006, for which the time period to respond extends to August 13, 2006, Applicant elects the claims of Group I (Claims 1-22) and Species E of Figure 8 (Claims 1, 2, and 5-22), with traverse.

The Examiner is requested to reconsider the Restriction Requirement since it appears that the subject matter defined within all the groups of claims are similar. Consequently, the field of search for each group should be essentially coextensive. Thus, the burden on the Examiner will not be significant to maintain each group of claims in this application.

Should the Examiner have any further questions regarding the election, the Examiner is courteously requested to contact the undersigned at the Examiner's earliest convenience.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C.
Attorney for Applicant

Dated: July 25, 2006

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